



**luminest**  
community development

Management Office • 82 W. Queen Street • Chambersburg, PA 17201  
(717) 977-3900 • Fax (717) 263-0505

## EMERGENCY DATA FORM

THE PURPOSE OF THIS FORM IS TO ASSURE THAT WE CAN TAKE CARE OF ANY EMERGENCY NEEDS AS EFFICIENTLY AS POSSIBLE.

TENANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IN CASE OF SERIOUS ILLNESS OR INJURY, PLEASE NOTIFY, AND IF NEEDED, GIVE THE FOLLOWING PERSON(S) ACCESS TO MY APARTMENT TO RETRIEVE ANY NEEDED PERSONAL BELONGINGS I MAY NEED DURING MY ABSENCE:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

IN CASE OF DEATH, OR OTHER TYPE OF PERMANENT ABSENCE, I AUTHORIZE THE FOLLOWING INDIVIDUAL ACCESS TO MY APARTMENT FOR THE PURPOSE OF REMOVING MY PERSONAL BELONGINGS:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

IF DEATH OF TENANT SHOULD OCCUR, THE HOUSING AUTHORITY WILL HONOR ANY PREARRANGED LEGAL DOCUMENTATION, WHEN PROVIDED, REGARDING THE REMOVAL OF PERSONAL PROPERTY FROM THE UNIT.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

### VEHICLE REGISTRATION INFORMATION: (1)

MAKE: \_\_\_\_\_

COLOR: \_\_\_\_\_

MODEL: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

STATE: \_\_\_\_\_

### VEHICLE REGISTRATION INFORMATION: (2)

MAKE: \_\_\_\_\_

COLOR: \_\_\_\_\_

MODEL: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

STATE: \_\_\_\_\_